

**APPLICATION FOR CONCEALED HANDGUN PERMIT**COMMONWEALTH OF VIRGINIA  
VIRGINIA CODE §18.2-308**FILE NO.** \_\_\_\_\_

CIRCUIT COURT \_\_\_\_\_

ORIGINAL ☐  
RENEWAL ☐IN ORDER TO MAINTAIN YOUR AUTHORIZATION, APPLICATIONS FOR PERMIT RENEWAL  
SHOULD BE SUBMITTED TO THE COURT AT LEAST 45 DAYS PRIOR TO EXPIRATION OF THE  
CURRENT PERMIT.1. CURRENT FULL NAME: \_\_\_\_\_  
FIRST NAME MIDDLE NAME LAST NAME  
(ATTACH A SEPARATE LISTING OF ANY ADDITIONAL NAMES YOU MAY HAVE USED OR BEEN KNOWN BY)2. HOME ADDRESS: \_\_\_\_\_  
STREET ADDRESS/RURAL ROUTE ADDRESS CITY ZIP☐ CITY OR ☐ COUNTY OF RESIDENCE \_\_\_\_\_LENGTH OF RESIDENCE AT ABOVE ADDRESS \_\_\_\_\_ (ATTACH A SEPARATE LISTING OF ALL ADDRESSES OF  
OTHER RESIDENCES WITHIN THE LAST FIVE YEAR PERIOD.)

3. SOCIAL SECURITY NUMBER \_\_\_\_\_

4. DATE OF BIRTH \_\_\_\_ / \_\_\_\_ / \_\_\_\_ 4(A). PLACE OF BIRTH \_\_\_\_\_  
MONTH DAY YEAR LOCALITY/STATE/NATION

5. PHYSICAL IDENTIFICATION FEATURES:

HEIGHT	WEIGHT	SEX	RACE	HAIR	EYES	SCARS, MARKS, TATTOOS, PECULIAR CHARACTERISTICS
FT. IN.						

6. TELEPHONE NUMBER: (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

7. IF INFORMATION REGARDING YOUR COMPETENCE WITH A HANDGUN IS REQUIRED, ATTACH A PHOTOCOPY  
OF THE DOCUMENTATION, WHICH DEMONSTRATES YOUR COMPETENCE.8. HAVE YOU EVER BEEN CONVICTED OF AN OFFENSE WHICH WOULD BE CONSIDERED EITHER A FELONY  
OR MISDEMEANOR? (INCLUDE CONVICTIONS OF DRIVING UNDER THE INFLUENCE AND/OR ANY OFFENSE FOR  
WHICH YOU WERE CONVICTED AS A JUVENILE, WHICH WOULD HAVE BEEN A FELONY IF COMMITTED BY AN  
ADULT.) ☐ YES ☐ NO

IF THE ANSWER IS YES, COMPLETE FORM #1, PART B (FOUND AT PAGE 3 OF THIS APPLICATION).

9. HAVE YOU BEEN COMMITTED TO THE CUSTODY OF THE COMMISSIONER OF MENTAL HEALTH, MENTAL  
RETARDATION, AND SUBSTANCE ABUSE? ☐ YES ☐ NO

IF THE ANSWER IS YES, COMPLETE FORM #2, PART A (FOUND AT PAGE 3 OF THIS APPLICATION).

10. HAVE YOU BEEN ADJUDICATED LEGALLY INCOMPETENT OR MENTALLY INCAPACITATED BY A COURT  
OF VIRGINIA OR ANY OTHER COURT? ☐ YES ☐ NO

IF THE ANSWER IS YES, COMPLETE FORM #2, PART B (FOUND AT PAGE 3 OF THIS APPLICATION).

11. HAVE YOU BEEN INVOLUNTARILY COMMITTED TO A MENTAL INSTITUTION? ☐ YES ☐ NO

IF THE ANSWER IS YES, COMPLETE FORM #2, PART C (FOUND AT PAGE 3 OF THIS APPLICATION).

12. HAVE YOU RECEIVED MENTAL HEALTH TREATMENT OR SUBSTANCE ABUSE TREATMENT IN A RESIDENTIAL SETTING WITHIN THE FIVE YEARS PRIOR TO THE DATE OF THIS APPLICATION? ☐ YES ☐ NO
13. ARE YOU SUBJECT TO A RESTRAINING ORDER, OR A PROTECTIVE ORDER? ☐ YES ☐ NO  
IF THE ANSWER IS YES, COMPLETE FORM #3 (FOUND AT PAGE 3 OF THIS APPLICATION).
14. ARE YOU ADDICTED TO, OR A USER OR DISTRIBUTOR OF MARIJUANA OR ANY CONTROLLED SUBSTANCE? ☐ YES ☐ NO
15. ARE YOU AN ALIEN **NOT LAWFULLY ADMITTED FOR PERMANENT RESIDENCE IN THE UNITED STATES**? ☐ YES ☐ NO
16. HAVE YOU BEEN DISCHARGED FROM THE ARMED FORCES OF THE UNITED STATES UNDER DISHONORABLE CONDITIONS? ☐ YES ☐ NO
17. ARE YOU A FUGITIVE FROM JUSTICE? ☐ YES ☐ NO
18. DO YOU HAVE ANY CRIMINAL CHARGE PENDING? ☐ YES ☐ NO  
IF THE ANSWER IS YES, COMPLETE FORM # 1, PART A (FOUND AT PAGE 3 OF THIS APPLICATION).
19. HAVE YOU, WITHIN THE THREE-YEAR PERIOD IMMEDIATELY PRECEDING THE DATE OF THIS APPLICATION, EITHER 1) BEEN FOUND GUILTY OF ANY DRUG-RELATED CRIMINAL OFFENSE AS SET FORTH IN **ARTICLE 1 (§ 18.2-247 ET SEQ.) OF CHAPTER 7 OF TITLE 18.2** OR OF A CRIMINAL OFFENSE FOR THE ILLEGAL POSSESSION OR DISTRIBUTION OF MARIJUANA OR ANY CONTROLLED SUBSTANCE UNDER THE LAWS OF VIRGINIA, ANY OTHER STATE, THE DISTRICT OF COLUMBIA, OR THE UNITED STATES OR ITS TERRITORIES; OR 2) BEEN CHARGED WITH ANY OFFENSE ENUMERATED IN THIS PARAGRAPH AND THE TRIAL COURT FOUND THE FACTS OF THE CASE WERE SUFFICIENT FOR A FINDING OF GUILT AND DISPOSED OF THE CASE PURSUANT TO **§ 18.2-251** OR SUBSTANTIALITY SIMILAR LAW OF VIRGINIA, ANY OTHER STATE, THE DISTRICT OF COLUMBIA, OR THE UNITED STATES OR ITS TERRITORIES? ☐ YES ☐ NO  
IF THE ANSWER IS YES, COMPLETE FORM # 1, PART A (FOUND AT PAGE 3 OF THIS APPLICATION).
20. COMPLETE FINGERPRINT CARDS MAY BE REQUIRED WITH THIS APPLICATION (IF MANDATED BY LOCAL ORDINANCE) FOR SUBMISSION TO THE CENTRAL CRIMINAL RECORDS EXCHANGE AND TO THE FEDERAL BUREAU OF INVESTIGATION, FOR CRIMINAL HISTORY BACKGROUND CHECKS TO BE CONDUCTED.

I, THE UNDERSIGNED, AFFIRM THAT THE INFORMATION CONTAINED IN THIS APPLICATION AND IN ANY ATTACHMENTS TO THIS DOCUMENT ARE BOTH CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. THE WILLFUL MAKING OF A FALSE STATEMENT IN THIS APPLICATION CONSTITUTES PERJURY AND IS PUNISHABLE IN ACCORDANCE WITH § 18.2-434 OF THE CODE OF VIRGINIA. I UNDERSTAND THAT THE COURT MUST CONSULT WITH THE LAW ENFORCEMENT AUTHORITIES OF THIS CITY OR COUNTY AND MUST RECEIVE A REPORT FROM THE CENTRAL CRIMINAL RECORDS EXCHANGE AS PART OF THE CONCEALED HANDGUN PERMIT APPLICATION PROCESS.

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MONTH DAY YEAR

\_\_\_\_\_  
SIGNATURE

COMMONWEALTH OF VIRGINIA, ☐ CITY ☐ COUNTY OF \_\_\_\_\_ TO WIT:

ACKNOWLEDGED, SUBSCRIBED AND SWORN TO BEFORE ME ON

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MONTH DAY YEAR

\_\_\_\_\_  
NOTARY PUBLIC

MY COMMISSION EXPIRES: \_\_\_\_\_

\_\_\_\_\_, CLERK

\_\_\_\_\_, DEPUTY CLERK

**FORM #1**

**PART A** DESCRIBE THE **CRIMINAL CHARGE** AGAINST YOU: \_\_\_\_\_

DATE OF CHARGE: \_\_\_\_\_ COUNTY, CITY AND STATE OF CHARGE: \_\_\_\_\_

CURRENT STATUS OF CHARGE: \_\_\_\_\_

**PART B** DESCRIBE THE CHARGE FOR WHICH YOU WERE **CONVICTED**: \_\_\_\_\_

DATE OF CONVICTION: \_\_\_\_\_ COUNTY, CITY AND STATE OF CONVICTION: \_\_\_\_\_

FOR ADDITIONAL CHARGES OR CONVICTIONS USE A PIECE OF PLAIN PAPER - INCLUDE ALL INFORMATION LISTED ABOVE.

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**FORM #2**

**PART A** **INFORMATION ABOUT COMMITMENTS TO THE COMMISSIONER OF MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE:**

WHEN WERE YOU COMMITTED TO THE CUSTODY OF THE COMMISSIONER OF MENTAL HEALTH, MENTAL RETARDATION, AND SUBSTANCE ABUSE? DATE: \_\_\_\_\_

NAME OF COURT WHICH ENTERED THE ORDER: \_\_\_\_\_

LOCATION OF THIS COURT: \_\_\_\_\_

(INCLUDE STREET ADDRESS, CITY, COUNTY AND STATE)

WHEN WERE YOU RELEASED FROM THE CUSTODY OF THE COMMISSIONER OF MENTAL HEALTH, MENTAL RETARDATION, AND SUBSTANCE ABUSE? DATE: \_\_\_\_\_

**PART B** **INFORMATION ABOUT ADJUDICATION OF LEGAL INCOMPETENCE OR MENTAL INCAPACITATION:**

WHEN WERE YOU ADJUDICATED LEGALLY INCOMPETENT OR MENTAL INCAPACITATED? DATE: \_\_\_\_\_

NAME OF COURT WHICH ENTERED THE ORDER: \_\_\_\_\_

LOCATION OF THIS COURT: \_\_\_\_\_

(INCLUDE STREET ADDRESS, CITY, COUNTY AND STATE)

HAS YOUR COMPETENCY OR CAPACITY BEEN RESTORED? \_\_\_\_\_

NAME OF COURT WHICH ENTERED THE ORDER: \_\_\_\_\_

DATE OF THIS ORDER: \_\_\_\_\_

**PART C** **INFORMATION ABOUT INVOLUNTARY COMMITMENTS:**

WHEN WERE YOU INVOLUNTARILY COMMITTED TO A MENTAL INSTITUTION? DATE: \_\_\_\_\_

NAME OF COURT WHICH ENTERED THE ORDER: \_\_\_\_\_

LOCATION OF THIS COURT: \_\_\_\_\_

(INCLUDE STREET ADDRESS, CITY, COUNTY AND STATE)

DATE OF YOUR RELEASE FROM THIS INVOLUNTARY COMMITMENT: \_\_\_\_\_

NAME AND ADDRESS OF COURT THAT ENTERED THIS ORDER OF RELEASE: \_\_\_\_\_

(INCLUDE NAME, STREET ADDRESS, CITY, COUNTY AND STATE)

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**FORM #3**

DATE THE RESTRAINING OR PROTECTIVE ORDER WAS ISSUED: \_\_\_\_\_

NAME OF COURT WHICH ENTERED THE ORDER: \_\_\_\_\_

LOCATION OF THIS COURT: \_\_\_\_\_

(INCLUDE STREET ADDRESS, CITY, COUNTY AND STATE)

**PLEASE ATTACH A COPY OF THE RESTRAINING OR PROTECTIVE ORDER TO THIS APPLICATION**

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**CRIMINAL BACKGROUND INVESTIGATION**

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(THIS SPACE FOR LAW ENFORCEMENT AGENCY ONLY)

**YES**

**NO**

☐☐

**PENDING CHARGES**

☐☐

**CONVICTIONS**

**IF YES, SEE ATTACHMENT(S)**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MONTH DAY YEAR

\_\_\_\_, **OFFICER**

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(THIS SPACE FOR COURT USE ONLY)

**PERMIT FILE NO.** \_\_\_\_\_

\_\_\_\_\_  
**CIRCUIT COURT**

**APPLICATION OF** \_\_\_\_\_ **FOR A CONCEALED HANDGUN PERMIT IS HEREBY:**

☐

**GRANTED**

☐

**DENIED**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MONTH DAY YEAR

\_\_\_\_, **JUDGE**

**NOTICE TO APPLICANT DENIED PERMIT:**

YOU ARE ENTITLED TO AN ORAL HEARING BEFORE THE COURT. THE REQUEST FOR A HEARING MUST BE FILED WITH THIS COURT WITHIN TWENTY-ONE DAYS OF THE DENIAL OF YOUR APPLICATION AS INDICATED ABOVE.

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**CIRCUIT COURT CLERK**

## **NOTICE TO APPLICANT**

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**Concealed handgun permits are valid for 5 years from the date of issuance. The person issued the permit shall have such permit on his or her person at all times during which he or she is carrying a concealed handgun. In order to maintain your authorization, applications for permit renewal should be submitted to the court at least 45 days prior to the date of expiration.**

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### **RETAIN FOR YOUR RECORDS**

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**ISSUE DATE** \_\_\_\_\_

**EXPIRATION DATE** \_\_\_\_\_